

CMS INTERN LOCAL TRAVEL REIMBURSEMENT AUTHORIZATION

| | | | | | | | |
|---|--|-------------------|-------------|-----------------------|------|----------|-----------|
| FROM: CAREER MANAGEMENT SITE FAX: (717) 605-1980 PHONE: (717) 605- | TO: COMMAND/CURRENT DUTY STATION: PHONE: FAX: | | | | | | |
| Authorization to travel is as stated below. Variations must be resubmitted. Upon receipt, host activity is authorized to prepare/process travel orders/advance IAW local procedures. Accounting line must be entered precisely as authorized below. The host activity is required to promptly settle claim and make collection of overadvanced funds. If offset is required, request to conduct the offset must be faxed to CMS to process. Processing fee for offset actions is currently \$35, subject to change without notice and will be collected with the offset. Fax or mail legible copy of the settlement to CMS w/in 5 days of receipt. | | | | | | | |
| 1. <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT | 2. PURPOSE OF TRAVEL: | | | | | | |
| 3. ITINERARY: (CITY / STATE) FROM: TO: AND RETURN. | 4. TRAVEL PLAN: DAYS BEGINNING DATE: ENDING DATE: | | | | | | |
| 5. PER DIEM: LODGING: LOCAL TRAVEL -0- M&IE: LOCAL TRAVEL -0- | 6. OTHER/MISCELLANEOUS COSTS: | | | | | | |
| AUTHORIZED FUNDING: POV mileage @ .345 Parking \$0 Other (Rail/Bus, etc.) Other (Registration) | POV Travel Total \$ -0- Parking Total \$ -0- Other Total \$ -0- TOTAL COSTS \$ -0- | | | | | | |
| 7. SPECIAL REMARKS/ADDITIONAL INFORMATION: <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> Employee is an AMEX card holder; advance is authorized via ATM. </div> <div style="text-align: center; margin-top: 20px;"> NO LODGING REQUIRED. LOCAL AREA TRAVEL. CITE ACCOUNTING DATA ON SF 1164 AND AND SUBMIT CLAIM LOCALLY PROVIDING CMS WITH COPIES OF ALL DOCUMENTS, INCLUDING THE TRAVEL VOUCHER SUMMARY WITH 5 DAYS OF RECEIPT. </div> | | | | | | | |
| ACCOUNTING DATA FOR SF 1164 | | | | | | | |
| APPROPRIATION & SUBHEAD | OBJ CLASS | BUREAU CONTROL | SUB AUTH | AUTH ACCT ACTIVITY | TYPE | TANGO NO | COST CODE |
| | | | | | | | |
| TRAVEL ORDER NUMBER: | | | | CMS AUTHORIZATION: | | | |
| PREPARED BY: DATE FAXED: | | | | | | | |
| THOMAS A. ERWIN, Director, CMS | | | | | | | |